

HARVARD VANGUARD MEDICAL ASSOC
P.O. BOX 415432

BOSTON, MA 02241-5432

12 20 09

35242

800-898-7980

JAMES L ROLLINS
P.O. BOX 3932

HARVARD VANGUARD MEDICAL ASSOC
P.O. BOX 415432

ATTLEBORO, MA 02703

BOSTON, MA 02241-5432
Tax ID#: 043397450

10.00

CLAIM#117 (Continued)

08/21/08	1068	PAYMENT (HPHC)	0.00
09/28/09	2135	BD WRITE-OFF	-10.00
		[COPAYMENT AMT DUE]	
07/17/08	M476 99051	OFFICE SVC DURING REGUL*	0.00
		Claim Balance Due*****	0.00

CLAIM#118

For the Amount of :	10.00		
Billed To:	HPHC-FI	On	08/17/08
For the Amount of :	10.00		
Billed To:	PATIENT	On	09/27/09

PATIENT: 955973 - ROLLINS, JAMES L

08/12/08	3835 99244	OFFICE CONSULT	581.00
08/12/08	1053	CAPITATION ADJ	-571.00
09/19/08	1068	PAYMENT (HPHC)	0.00
09/28/09	2135	BD WRITE-OFF	-10.00
		[COPAYMENT AMT DUE]	
		Claim Balance Due*****	0.00

CLAIM#119

For the Amount of :	0.00		
Billed To:	HPHC-FI	On	09/17/08
PATIENT: 955973 - ROLLINS, JAMES L			
09/11/08	6613 29881	KNEE SCOPE, MED OR LAT M*	2538.00

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BOSTON, MA 02241-5432
Tax ID#: 043397450

10.00

CLAIM#119 (Continued)

09/11/08	1053	CAPITATION ADJ	-2538.00
10/15/08	1068	PAYMENT (HPHC)	0.00
09/11/08	6613 29879	KNEE SCOPE, ABRASN ARTHR*	2566.00
09/11/08	1053	CAPITATION ADJ	-2566.00
10/15/08	1068	PAYMENT (HPHC)	0.00
		Claim Balance Due*****	0.00

CLAIM#120

For the Amount of : 0.00
Billed To: HPHC-FI On 10/22/08

PATIENT: 955973 - ROLLINS, JAMES L

10/16/08	121* 99212	OFFICE VISIT	136.00
10/16/08	1014	PAYMENT (PT/CASH)	-10.00
10/16/08	1053	CAPITATION ADJ	-126.00
11/19/08	1068	PAYMENT (HPHC) [HPHC CAPITATION ADJUS*]	0.00
10/16/08	121* 81002	LAB SERVICES	13.00
10/16/08	1053	CAPITATION ADJ	-13.00
11/19/08	1068	PAYMENT (HPHC) [INCLUSIVE(HPHC)]	0.00
10/16/08	121* 99051	OFFICE SVC DURING REGUL*	0.00
10/16/08	121* 87086	LAB SERVICES	33.00
10/16/08	1053	CAPITATION ADJ	-33.00

MASS GENERAL HOSPITAL



Case 08-35653-KRH Doc 8054-1 Filed 07/15/10 Entered 07/15/10 16:32:29 Desc

MASSACHUSETTS
GENERAL HOSPITALMESSAGE MASSACHUSETTS GENERAL HOSPITAL
PO BOX 9693
BOSTON, MASSACHUSETTS 02114-9693
(617) 726-4098

941019440

STATEMENT OF ACCOUNT

TYPE FINAL	DATE 07/15/08	PRIOR
SDC		ROLLINS, JAMES L

JAMES ROLLINS
PO BOX 3932
ATTLEBORO, MA 02703

PATIENT NUMBER
1948278
PLEASE REFER TO THIS
NUMBER ON ALL COR-
RESPONDENCE OR PAY-
MENTS.

ADMISSION
DATE
02/01/08

DISCHARGE
DATE
02/01/08

30TH CODE HPHC HMO/POS MGH PCP INSURANCE COMPANY

PAGE
1

PLEASE DETACH AND RETURN WITH REMITTANCE

FOR ANY QUESTION REGARDING THIS BILL PLEASE CALL 617-726-2181

POSTING DATE MONTH DAY	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGE	ESTIMATED INSURANCE		PATIENT AMOUNT
				PRIMARY	SECONDARY	
03 13	HPHC HMO PAYMNT	H473	403.20-			403.20-
03 20	COINSURANCE/DEDUCTIBLE	M102				
03 13	HARV-PILG CONTR ALLOWNCE SUMMARY OF CHARGES AND PAYMENTS	W781	757.82-			757.82-
	250 PHARMACY		1.02			1.02
	320 RADIOLOGY DIAGNOSTIC		561.00			561.00
	450 EMERGENCY WARD		629.00			629.00
	OTHER HOSPITAL SERVICES		1191.02			1191.02
	TOTAL CHARGES THIS ADMISSION PAYMENTS AND CREDITS		1191.02			1191.02
			1161.02-			1161.02-
X-RAY, ANESTHESIA AND CERTAIN LABORATORY CHARGES DO NOT INCLUDE PHYSICIANS FEES. YOU WILL RECEIVE A SEPARATE STATEMENT FOR THESE SERVICES.				30.00		30.00

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR
IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.

FEI 04-2697983

PLEASE PAY LAST
AMOUNT THIS COLUMN

MASS GEN'L PHYSICIANS ORG

PATIENT NAME: ACCOUNT NO.
 AMOUNT DUE AMOUNT PAID DUE DATE BILL DATE

Please check here when completing change of address or insurance information on reverse side.

Charge my MasterCard VISA American Express

Make checks payable to: MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION

MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION

PATIENT NAME: MAURICE L. COOK, JR.

ACCOUNT NUMBER:

DATE	DESCRIPTION OF SERVICES	PHYSICIAN NAME	CHARGES	PAYMENTS/ADJUSTMENTS	YOUR BALANCE
02/01/2008	ED VISIT, LEVEL 3, MODERATE ME	MILNE MD, LESLIE	233.00		\$0.00
02/01/2008	RAD EXAM, KNEE,COMPLETE, 44 VT	ZOGABIC MD, CONNIE	46.00		\$0.00
02/01/2008	MRI, ANY JOINT, LOWER EXTREMITY	KATTAPURAM MD, J	2142.00		\$0.00
02/05/2008	RAD EXAM, CHEST, 2 VIEWS, FRON	LUDWIGLYN MD, I	30.00		\$0.00
02/10/2008	URINARY ULTRASOUND & URINE TEST W/	ALZAMIRI MD, KITE	171.00		\$0.00
02/10/2008	SLP VISIT, LEVEL 3, HIGH RISK	ALDATHI MD, DAVID	563.00		\$0.00
02/10/2008	OB-NR, LEFT KNEE CORE, ANYVIEW	ALBRECHT MD, DAVID	759.50		\$0.00
02/09/2008	RAD EXAM, CHEST, 2 VIEWS, 111	LAURENCE MD, JEFFREY	39.00		\$0.00
02/10/2008	ELECTROCARDIOGRAM, ROUTINE, w/	Z. REATH MD, RANDI	40.00		\$0.00
02/09/2008	ELECTROCARDIOGRAM, ROUTINE, w/	ROSENTHAL MD, ROBERT	40.00		\$0.00

I hereby certify that I am a duly authorized agent of the Massachusetts General Physicians Organization, Inc., Boston, Massachusetts and that the charges of services rendered to James were fair and reasonable. Subscribed to and sworn under the pain and penalties of perjury the 30th day of June 2008.

By:
Title:

Referred to Self Pay Collection

DATE	TOTAL CHARGES	PAYMENTS/ADJUSTMENTS	PLEASE PAY THIS AMOUNT ►
6/12/2008	\$0.00		

▲ PAYMENT RECEIVED AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT

BRIGHAM & WOMEN'S HOSPITAL



BRIGHAM AND
WOMEN'S HOSPITAL

Date 05/27/08

Dear Attorney, Gilbert Hoy

Enclosed are the billing statements you requested.

Should you have any questions please do not hesitate to contact me

Yours truly,

Diana Volpe
617-724-8344

Patient Accounts Department
529 Main Street, Suite 410
Charlestown, MA 02129-1141



A Teaching Affiliate
of Harvard Medical School

Member of PARTNERS HealthCare

PATIENT NAME ROLLINS, JAMES	AMOUNT DUE \$401.76	MEDICAL RECORD N 07300288
DUE DATE 05/27/08	BILL PAYEE ROLLINS, JAMES	AMOUNT DUE \$401.76

NOTE: CERTAIN PHYSICIANS' CHARGES ARE
 NOT BILLED WITH YOUR HOSPITAL CHARGES.
 YOU MAY RECEIVE A SEPARATE BILL FOR
 PHYSICIANS' SERVICES/CHARGES.

WE ACCEPT
 CHECK
 CREDIT CARD
 DEBIT CARD
 MONEY ORDER
 OTHER
 MAKE CHECKS PAYABLE TO:
 BRIGHAM AND WOMEN'S HOSPITAL

PLEASE SEE
 REVERSE
 SIDE FOR DETAIL
 Page: 1

SEND PAYMENTS TO:

JAMES ROLLINS
 P.O. BOX 3932
 SOUTH ATTLEBORO, MA 02703

BRIGHAM AND WOMEN'S HOSPITAL
 P.O. BOX 3714
 BOSTON, MA 02241-3714

PATIENT NAME:	ROLLINS, JAMES	MEDICAL RECORD NO.:	07300288	
DESCRIPTION OF SERVICES		CHARGES	PAYMENTS/ADJUSTMENTS	YOUR BALANCE
LOCATION: OUTPATIENT: Service date: 03/16/08 Statement No. 191813021				
ED LEVEL B		\$401.00		
ED EVAL & MGMT LEVEL 3		\$.00		
TYLENOL 500MG CAPLET U/D		\$.34		
IBUPROFEN 600MG TAB (U/D)		\$.42		
Total Charges				\$401.76
INFORMATION REQUESTED-AUTO LIABILITY		\$.00		
CONTR ADJUST/ANY INSURANCE		\$.00		
FIN CLASS CHGD TO SEC		\$.00		
Total Payments/Adjustments				\$.00
Balance, Statement #: 191813021				\$401.76

I hereby certify that the above are fair
 and reasonable charges for the
 services rendered. Signed under the
 pains and penalties of perjury this
27 day of MAY 2008
 DIANA VOLPE
 BWH BILLING OFFICE

Diana Volpe

Primary Insurance: HARVARD PILGRIM HMO

Secondary Insurance:

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

BRIGHAM & WOMEN'S PHYSICIAN ORG



**BRIGHAM AND WOMEN'S
PHYSICIANS ORGANIZATION**

Excellence and innovation in academic medicine

Brigham and Women's
Physicians Organization
Department of Medicine
111 Cypress Street
Brookline, MA 02445
(617) 582-1100 Fax: (617) 739-1226

AFFIDAVIT

The Brigham and Women's Physician Organization, Department of Medicine is a facility licensed under the laws of the Commonwealth of Massachusetts. The attached is/are true and accurate copy(ies) of our medical bill(s) relating to James S. Collins

Submitted by Thomas Brodeur, records custodian.

A handwritten signature of Thomas Brodeur.

Thomas Brodeur

A handwritten date 6/3/08.

Date

These documents contain confidential patient information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or the entity named above. The authorized recipient of the patient information is prohibited from disclosing the information to any other party. If you have received this document in error, please notify the sender immediately and destroy the information that was sent in error.



HARVARD
MEDICAL SCHOOL
TEACHING AFFILIATE

BRIGHAM AND WOMEN'S/FAULKNER HOSPITALS
Member of the PARTNERS HealthCare System

STATEMENT OF ACCOUNT

BWPO-DBA DEPT OF EMERGENCY MEDICINE
PO BOX 414891
BOSTON, MA 02241-4891

617-732-7073

JAMES ROLLINS
P.O. BOX 3932
SOUTH ATTLEBORO, MA 02703

07300288

PAYMENT INFORMATION	
STATEMENT DATE	05/30/08
DATE OF LAST PAYMENT	
AMOUNT OF LAST PAYMENT	0.00
TOTAL BALANCE	590.00
PLEASE PAY THIS AMOUNT ►►►	590.00

THANK YOU FOR HAVING CHOSEN US FOR YOUR HEALTH CARE SERVICES.
PAYMENT IN FULL IS EXPECTED WITHIN 30 DAYS. INSURANCE CLAIMS ARE
CONSIDERED REJECTED IF NOT PAID WITHIN 45 DAYS. THESE CHARGES MAY
NOT INCLUDE ALL PHYSICIAN OR PROFESSIONAL SERVICES.

DATE	PHYSICIAN	DESCRIPTION OF SERVICE	CHARGE	PAYMENTS INSURANCE	PATIENT	LINE ITEM BALANCE
03/16/08	WITTELS	99283 EMERGENCY DEPT VISIT, E&M HHC PYMT/ADJST	233.00	0.00		
04/30/08						
05/06/08	SCHUUR	99284 EMERGENCY DEPT VISIT, E&M	357.00			

ADDITIONAL INFO NEEDED

TO INSURE PROPER CREDIT, DETACH AND RETURN THIS PORTION IN THE
ENCLOSED ENVELOPE. BE SURE ADDRESS SHOWS THROUGH THE WINDOW.

Please check box if you have a new address. Please indicate your new address
on the back of this statement in the defined area.

PATIENT NAME	JAMES ROLLINS	05/30/08
ACCOUNT NUMBER	07300288	
PLEASE PAY THIS AMOUNT	590.00	
DISCOUNT AMOUNT DUE IF APPLICABLE		

AMOUNT ENCLOSED \$ _____

642105A

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.											
CHECK CARD USING FOR PAYMENT											
	<input type="checkbox"/>	MASTERCARD		<input type="checkbox"/>	DISCOVER		<input type="checkbox"/>	VISA		<input type="checkbox"/>	AMERICAN EXPRESS
CARD NUMBER				AMOUNT							
SIGNATURE				EXP. DATE							

MAKE CHECK PAYABLE & REMIT TO:

BWPO-DBA DEPT OF EMERGENCY MEDICINE
PO BOX 414891
BOSTON, MA 02241-4891
617-732-7073

Faulkner Hospital

FAULKNER HOSPITAL
1153 CENTRE STREET
BOSTON MA 02130

1

FINAL

ROLLINS, JAMES 23601656 09/11/08 11/20/08

ROLLINS, JAMES HARVARD PILGRIM HEALT HP113408001
8 SHABAZZ WAY
BOSTON MA 02119

250 PHARMACY GENERAL	11	127.61
270 M/S SUPPLY GENERAL	3	1010.39
272 M/S SUPPLY STERILE SUPPLY	2	84.00
360 OR SVCS GENERAL	9	3313.00
370 ANESTHESIA GENERAL	6	455.00
710 RECOVERY ROOM GENERAL	3	954.00
RECEIPTS, ADJUSTMENTS, ETC.	2	-5944.00

BENEFITS ASSIGNED TO THE FAULKNER HOSPITAL
I CERTIFY THAT THE ABOVE BILLS, RECORDS AND/OR
REPORTS CONCERNING NECESSARY SERVICES RENDERED
TO BE TRUE AND COMPLETE AND THAT THE CHARGES
THEREFORE ARE FAIR AND REASONABLE.

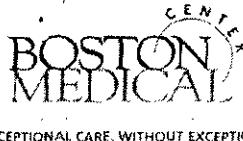
SUBSCRIBED AND SWORN TO UNDER THE PAINS AND
PENALTIES OF PERJURY THIS 25 DAY
OF January 2010

M. Ventito
AUTHORIZED AGENT AND/OR
PERSON IN CHARGE

23601656

5944.00
-5944.00
0.00

BOSTON MEDICAL CENTER



Documents Review Report

ROLLINS, JAMES	H ED Urgent Care	51y M	MAHERAS, STYLIANOS
	DSC	12-Aug-1956	3574262/159659176

Jan-28-2008 20:19

ED Documents

REC'D FROM ED SYSTEM (Interface)

DEPARTMENT OF EMERGENCY MEDICINE
FINAL RECORD

PATIENT NAME: Rollins, James
MRN#: 3574262 DOB: 08/12/1956
ACCOUNT NUMBER: 159659176

TRIAGE DATE/TIME: 01/28/2008 20:19
DISCHARGE DATE/TIME: 01/29/2008 22:58

COMPLAINT: rle injury

TRIAGE (Mon Jan 28 2008 20:19 JKAL)
PROVIDERS: TRIAGE NURSE: Joan Kalaher,RN.
PREVIOUS VISIT ALLERGIES: No known drug allergies.
ADMISSION: URGENCY: 4-Express Care, TRANSPORT: Ground Ambulance (Boston EMS), DEPT: Urgent Care, BED: WAIT-RM.
VITAL SIGNS: BP 133/81, Pulse 80, Resp 16, Temp 97.9, O2 Sat 97.
COMPLAINT: rle injury.
HISTORY OF PRESENT ILLNESS: 51 yo male with c/o r knee pain after tripping at circuit city and falling onto r knee.
PAIN ASSESSMENT: Triage assessment performed, Pain level 9, using numeric pain scoring.

VITAL SIGNS (Mon Jan 28 2008 20:19 JKAL)
VITAL SIGNS: BP: 133/81, Pulse: 80, Resp: 16, Temp: 97.9, O2 sat: 97.

MEDICATION ADMINISTRATION SUMMARY (Tue Jan 29 2008 22:58)

Drug Name: Ultram, Dose: 50 mg , Route: PO, Status: Given, Ordered: 22:01
01/28/2008, Detailed record available in Medication Service section.

MEDICATION SERVICE (22:01 CSAF)
Ultram: Order: Ultram : 50 mg : PO
Time: to go
Ordered: Mon Jan 28 2008 22:01
Ordered by: Clara Safi,NP
Entered by: Clara Safi,NP Mon Jan 28 2008 22:01
Acknowledged by: Kathy Egan Conroy,RN Mon Jan 28 2008 22:08
Documented as given by: Kathy Egan Conroy,RN Mon Jan 28 2008 22:25
MEDICATION , Given in amount and via route as prescribed, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, instr in safe use.



Documents Review Report

ROLLINS, JAMES	H ED Urgent Care	51y M	MAHERAS, STYLIANOS
	DSC	12-Aug-1956	3574262/159659176

Jan-28-2008 20:19	ED Documents	REC'D FROM ED SYSTEM (Interface)	(cont.)
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KNOWN ALLERGIES

No known drug allergies.

CURRENT MEDICATIONS: No Documented Medications**PAST MEDICAL HISTORY**

MEDICAL HISTORY (Mon Jan 28 2008 20:19 JKAL): History of diabetes, That is currently treated with an oral medication, History of pulmonary disease, including tuberculosis, which is being treated, w INH, CXR negative.

SURGICAL HISTORY (Mon Jan 28 2008 20:19 JKAL): Patient's previous surgical history is not relevant to the case.

SOCIAL HISTORY (Mon Jan 28 2008 20:19 JKAL): Denies alcohol abuse, Denies tobacco abuse, Denies drug abuse.

FAMILY HISTORY (Mon Jan 28 2008 20:19 JKAL): Family history is not contributory to this case.

NOTES (Mon Jan 28 2008 20:19 JKAL): Nursing records reviewed.

(21:55 CSAF): Nursing records reviewed, Agree with nursing records, Medication list reviewed.

NURSING PROCEDURE: SPLINTING (22:01 IBEN)

TIME: Knee immobilizer applied, 6 inch ace wrap applied to area, Tall crutches given.

HPI REGION KNEE (21:55 CSAF)

TIME: Patient assessed at: 2145.

CHIEF COMPLAINT: Patient presents for the evaluation of right, knee injury, knee swelling, knee pain.

HISTORIAN: History obtained from patient.

ASSOCIATED WITH: Patient states inability to ambulate/bear weight is present, Patient denies pain on walking, Patient denies hip pain, Patient states knee pain is present, Patient denies ankle pain, Patient denies foot pain, Patient denies distal neuro c/o, Patient denies proximal injury, Patient denies distal injury.

NOTES: 51 y.o. male, BIB ambulance, c/o r. knee pain s/p trip, twist r. knee, felt a snap and fall 1 hour PTA, landed on r. knee, unable to wt bear since. Denies any other injuries. No head trauma, no LOC, no neck/back/chest/abd. pain. denies prior r. knee injuries..

ROS (21:56 CSAF)

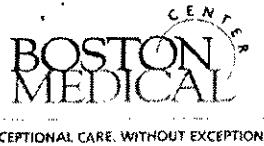
CONSTITUTIONAL: Negative constitutional review of systems.

MUSCULOSKELETAL: Historian reports fall, Historian reports injury, No neck pain, No back pain.

SKIN: Negative skin review of systems.

NEUROLOGIC: Negative neurologic review of systems.

PHYSICAL EXAM (21:57 CSAF)



Documents Review Report

ROLLINS, JAMES	H ED Urgent Care	51y M	MAHERAS, STYLIANOS
	DSC	12-Aug-1956	3574262/159659176

Jan-28-2008 20:19	ED Documents	REC'D FROM ED SYSTEM (Interface)	(cont.)
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CONSTITUTIONAL: Vital signs reviewed, Well appearing, Patient appears comfortable, Alert and oriented X 3.

HEAD: Atraumatic, Normocephalic.

LOWER EXTREMITY: RIGHT knee to have, no deformity, no ecchymosis, no lacerations, no hematoma, no erythema, no warmth, negative anterior drawer test, negative drawer test, negative McMurray's test, negative Apley's test, distal pulse intact, capillary refill less than 2 seconds, distal motor intact, distal sensory intact, Swelling noted, anteriorly, Tenderness to palpation, of lateral knee, of medial knee, Active range of motion, causes pain, Passive range of motion, causes pain, able to SLR wt bearing with limp no patellar or fib head tenderness + mild laxity on Lachman test mild diffuse swelling, small effusion.

ORDERS

Knee - Min 4 Views by JKAL for WFER on Mon Jan 28 2008 20:20 Status: Done Mon Jan 28 2008 22:18.

(TECH) ACE WRAP by CSAF for CSAF on Mon Jan 28 2008 21:58 Status: Done by IBEN Mon Jan 28 2008 22:00.

(TECH) Crutches by CSAF for CSAF on Mon Jan 28 2008 21:58 Status: Done by IBEN Mon Jan 28 2008 22:00.

(TECH) Splint-Leg by CSAF for CSAF on Mon Jan 28 2008 21:58 Status: Done by IBEN Mon Jan 28 2008 22:00.

ATTENDING (22:00 CSAF)

CHART FINALIZATION: This chart is complete and final.

DIAGNOSIS (22:01 CSAF)

FINAL: PRIMARY: R. Knee Sprain, ADDITIONAL: .

DISPOSITION

PATIENT (22:01 CSAF): Disposition: Discharge, Condition: Stable.

(22:48 CSAF): Remove from ER.

PRESCRIPTION (22:01 CSAF)

Ibuprofen: Tablet : 600 mg : Oral=Quantity: ***1*** Unit: tab Route: Oral Schedule: Four Times a Day Dispense: ***30***.

NOTES: Take one tablet every 6 hours for 3 days, then as needed every 6 hours for pain, with food, no alcohol.

Ultram: Tablet : 50 mg : Oral=Quantity: ***1*** Unit: tab Route: Oral Schedule: Every 4 Hours as Needed Dispense: ***10***.

NOTES: As needed for severe pain. Take with food. NO ALCOHOL. No driving. Can make you drowsy.



Documents Review Report

ROLLINS, JAMES	H ED Urgent Care	51y M	MAHERAS, STYLIANOS
	DSC	12-Aug-1956	3574262/159659176

Jan-28-2008 20:19	ED Documents	REC'D FROM ED SYSTEM (Interface)	(cont.)
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ADMIN (Tue Jan 29 2008 22:56 CSAF)
 DIGITAL SIGNATURE: Safi,NP, Clara.

KEY:

CSAF=Safi,NP, Clara IBEN=Benjamin,TECH, Ivrose JKAL=Kalaher,RN, Joan
 WFER=Fernandez,MD, William

FLOWsheet

01/28/2008 20:19:24 BP 133/81
 01/28/2008 20:19:24 PULSE 80
 01/28/2008 20:19:24 RESP 16
 01/28/2008 20:19:24 TEMP 97.9
 01/28/2008 20:19:24 O2 SAT 97



DEPARTMENT OF EMERGENCY MEDICINE DISCHARGE INSTRUCTIONS RECEIPT

Name: Rollins, James
Age: 51
Gender: M
Medrec: 3574262
Acct: 159659176
Attending: CSAF
Primary Nurse: KCON
Bed: UC ROOM 02

FINAL DIAGNOSIS
R. Knee Sprain

FOLLOWUP CONTACTS

THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN

Rest, Ice 3 times a day and elevate.
Ace bandage with knee immobilizer.
Weight Bear as tolerated.

Follow-up with your Primary Care, call in the morning for an appointment, will need an MRI of your knee and/or physical therapy.
Return to the ER if worse or not better in 3-4 days, increase pain, swelling, redness, warm to touch , fever or anything else that worries you.

*****Patients Medications Records reviewed and given to patient

THE FOLLOWING MEDICAL INSTRUCTIONS WERE GIVEN

KNEE SPRAIN
KNEE IMMOBILIZER
CRUTCH WALKING

THE FOLLOWING PRESCRIPTIONS WERE GIVEN

Ultram : Tablet : 50 mg : Oral
Dispense: 10, Quantity: 1, Schedule: Every 4 Hours as Needed

Ibuprofen : Tablet : 600 mg : Oral
Dispense: 30, Quantity: 1, Schedule: Four Times a Day

Patient Signature

A handwritten signature in black ink, appearing to read "James Rollins".

Physician Signature

A handwritten signature in black ink, appearing to read "Dr. [Signature]".

Boston Medical Center Department of Emergency Medicine

Menino ED: 617-414-4075 Urgent Care: 617-414-5663
Pediatric ED: 617-414-4991 Newton Pavilion: 617-638-6240
Psychiatric ED: 617-414-4931 Social Service: 617-638-6830
Follow-Up Nurse: 617-414-7894 Health Connection: 800-841-4325

Boston EMS Patient Care Report

767 Albany Street, Boston, MA 02118 Phone 617-343-2367

Patient: JAMES ROLLINS

INCIDENT

Incident # 080280257
 Incident Type INJ3-Injury 3
 Address 8 ALLSTATE RD
 City,St,Zip DORCHESTER, MA, 02122
 Loc.Type COMMERCIAL BUILDING
 Loc.UponDisp ON THE AIR
 Status PRIORITY 2
 Agency/Unit BEMS / A10E
 Shift/Vch E /
 Skillset BLS
 Crew

KEVIN COAN,, BLS BLS
 HEATHER A HARTFORD,, BLS BLS

PATIENT

Patient Name: JAMES ROLLINS
 Sex: M DOB: 08/12/1956 Age: 51YR
 Weight: Lang: ENGLISH
 Address: 8 SHABAZZ WY
 City,St,Zip ROXBURY, MA
 Pt Ph: [H]617-999-0577
 SSN: 025-46-5937
 Insur Co: HARVARD PILGRIM

DATES/TIMES

Dispatched 19:48:00, 01/28/2008
 Enroute 19:48
 At Scene 19:54:00
 At Patient 19:54
 Departed Scene 20:04:00
 At Destination 20:08:00
 In Service
 At Quarters
 Trip Distance 4 mi

Hx PRESENT

Subject	Description / Details
CAUSE	FALL: DISTANCE: STANDING, LANDING SURFACE: CARPET, LANDED ON: KNEE, HELMET USED: NO, PROTECTIVE GEAR: NO, OTHER SAFETY EQUIPMENT: NO, ALCOHOL/DRUGS: NOT SUSPECTED, INTENT: UNINTENTIONAL, WORK RELATED: NO,
COMPLAINT	KNEE PAIN: ONSET: 15 MINUTES AGO, ONSET TYPE: CHRONIC, DURATION: STILL PRESENT, PAIN LEVEL: 9 OF 10, QUALITY: THROBBING,
SYMPTOMS	CANT WALK;

Hx PAST

Subject	Description / Details
ALLERGIES	DENIES;
MEDS	SIMVASTATIN; LIPITOR;
PREEXIST	HYPERTENSION; CHOLESTEROL - Elevated;

FINDINGS

Subject	Description / Details
IMPRESSION	MINOR INJURY;
INITIAL	PT FOUND POSITION SITTING; LOC ORIENTATION ORIENTED X 3, AVPU ALERT; AIRWAY STATUS PATENT; BREATH QUALITY NON-LABORED, CHEST WALL EXPANSION EQUAL EXPANSION; CIRCUL STATUS PRESENT, SITE RADIAL, REGULARITY REGULAR,; GCS SCORE 15,EYES 4-SPONTANEOUS,VERBAL 5-ORIENTED,MOTOR 6-OBEYS COMMANDS; SKIN TEMP NORMAL, COLOR NORMAL, MOISTURE NORMAL;
PHYSICAL	KNEE SWELLING; KNEE BRUISE; KNEE NO SIGN OF DEFORMITY;

CARE EVENTS

Time	Subject	Description/Details
		BP P R SpO2 Pos
20:13	TREATMENT	SPLINT, PRE-DISTAL CIRC: PRESENT, PRE-DISTAL MOTOR: PRESENT, PRE-DISTAL SENSATION: PRESENT, LOCATION: (R) KNEE, TYPE: MANY SPLINT, POST-DISTAL CIRC: PRESENT, POST-DISTAL MOTOR: PRESENT, POST-DISTAL SENSATION: PRESENT,
20:14	VITALS	128/78 80 16

RESULT**AUTHORIZATION**

Disposition	TX / TRANS BY BEMS	MEDICI
Destination	BMC MENINO	
Dest.Reason	PATIENT / FAMILY CHOICE	<i>K. Coan</i>
Trans.Reason	NO MEANS OF TRANSPORT	
Status	PRIORITY 3	COAN K, EMT
MedCll.Name	,	SIGNED

February 13, 2008

Medical Records-Hospital
1 Boston Medical Place
Boston, MA 02118
Phone: 617-638-8000

Page 1
Chart Document**JAMES ROLLINS**

Male DOB 08/12/1956

3574262

Home: (617)999-0577

Ins: CIRCUIT (STANDARD)

01/28/2008 - Radiology Result: KNEE, MINIMUM 4 VIEWS**Provider: William Fernandez MD (3187)****Location of Care: Boston Medical Center**

Patient: JAMES ROLLINS

Note: All result statuses are Final unless otherwise noted.

Tests: (1) KNEE, MINIMUM 4 VIEWS (KN4)
KNEE, MINIMUM 4 VIEWS

SEE REPORT

*** Final Report ***

BOSTON MEDICAL CENTER
DEPARTMENT OF RADIOLOGY

Patient Name : ROLLINS , JAMES

MRN No.: 3574262

DOB : 08/12/1956

Patient Location: 263

Ordering MD: WILLIAM FERNANDEZ M.D. 3187

Date: January 28, 2008

Examination: KNEE, MINIMUM 4 VIEWS - RIGHT Exam Number:8504111

Right knee 1/28/2008

INDICATION: Fall

TECHNIQUE: Frontal, tunnel, lateral and sunrise views of the right knee. No priors.

FINDINGS:

There is no fracture or dislocation. There is tricompartmental moderate degenerative change with osteophytes and joint space narrowing. Soft tissues demonstrate a small suprapatellar joint effusion. There are signs of old Osgood Schlatter's disease.

I have reviewed the images and agree with the dictated report.

Dictating MD: BRYAN FOSTER, M.D.

Electronically Signed By: DOUGLAS KOZA on 01/29/2008 08:34

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 01/29/2008 8:38 AM

(1) Order result status: Final

February 13, 2008

Medical Records-Hospital
1 Boston Medical Place
Boston, MA 02118
Phone: 617-638-8000

Page 2
Chart Document

JAMES ROLLINS

Male DOB:08/12/1956

3574262

"Home" (617)999-0577
Ins. CIRCUIT (STANDARD)

Collection or observation date-time: 01/28/2008 20:57

Requested date-time:

Receipt date-time:

Reported date-time:

Referring Physician:

Ordering Physician: WILLIAM FERNANDEZ (WIFERNAN)

Specimen Source:

Source: RAD

Filler Order Number: 8504111

Lab site: R

Filed automatically (without signature) on 01/29/2008 at 8:38 AM

Boston Medical Center

Menino ED: 840 Harrison Avenue Boston, MA 02188 Newton ED: 88 East Newton Street Boston, MA 02188

Menino ED: 617-414-4075 Urgent Care: 617-411-5663 Pediatrics: 617-414-4991 Newton ED: 617-638-6240

Last Name: Rollins

First Name: James

Initial:

MRN: 3574262

Date: 1/28/2008

Address:

DOB: 08/12/1956

City:

Zip: 02119

Phone: 617999-0577

Rx Ultram® Tablet : 50 mg : Oral

1 tab Every 4 Hours as Needed

As needed for severe pain. Take with food. NO ALCOHOL. No driving. Can make you drowsy.

Dispense ***10***

Refill

Indication for use:

Signature: 
Clara Sait, NP
DEA MS0912661

Collaborating Provider: 

[signature]

[print]

Interchange is mandated unless the practitioner writes the words "no substitution" in this space

Rx ID: 20080128201924-T201575697

Boston Medical Center

Menino ED: 840 Harrison Avenue Boston, MA 02188 Newton ED: 88 East Newton Street Boston, MA 02188

Menino ED: 617-414-4075 Urgent Care: 617-411-5663 Pediatrics: 617-414-4991 Newton ED: 617-638-6240

Last Name: Rollins

First Name: James

Initial:

MRN: 3574262

Date: 1/28/2008

Address:

DOB: 08/12/1956

City:

Phone: 617999-0577

Zip: 02119

Rx Ibuprofen : Tablet : 600 mg Oral

1 tab Four Times a Day

Take one tablet every 6 hours for 3 days, then as needed every 6 hours for pain, with food, no alcohol.

Dispense ***30***

Refill

Indication for use: _____

Signature: 
Clara Safi, NP
DEA:MS0912661

Collaborating Provider: _____

[signature]

[print]

Interchange is mandated unless the practitioner writes the words "no substitution" in this space: _____

Rx ID: 20080128201924-1201575696

**HARVARD VANGUARD
MEDICAL ASSOC.**

Routing History Recorded

Orders

URINE DIPSTICK (OFFICE TEST) [81002H] Order #: 135171112
URINE CULTURE [87086A] Order #: 135171113
URINALYSIS W MICROSCOPIC [81001C] Order #: 135171256
CHLAMYDIA/GC URINE DNA [87491Q] Order #: 135171422

Results are available for this encounter

Lab and Imaging Orders

	Ordered on
URINE DIPSTICK (OFFICE TEST) - Lab and Imaging Orders	10/16/08
URINE CULTURE - Lab and Imaging Orders	10/16/08
URINALYSIS W MICROSCOPIC - Lab and Imaging Orders	10/16/08
CHLAMYDIA/GC URINE DNA - Lab and Imaging Orders	10/16/08

Level Of Service

EST. PAT. L2, OFFICE VISIT [99212]

Chart Reviewed By

Eric N. Diamond, MD. on Fri Oct 17, 2008 8:26 AM

Closed By

User	Date
MAYA GINNS NP [13780]	Oct 16, 2008

Visit Diagnosis Changes

Added 599.0 by GINNS NP, MAYA (13780), Thu Oct 16, 2008 7:12 PM
599.0 marked as Primary Diagnosis by GINNS NP, MAYA (13780), Thu Oct 16, 2008 7:13 PM

James L Rollins

Encounter #: 115172434

Description: **52 year old male**

8/25/2008 10:30 AM Orders

Provider: **Louis A. Bley, MD**

Only

MRN: 955973

Department: **Somerville Adult Orthopedics**

EpicCare Patient

Diagnoses

**TEAR - KNEE, MED MENISCUS [836.0H]
TEAR - KNEE, MED COLLATERAL
LIGAMENT [844.1B]**

Orders

PHYSICAL THERAPY HVMA X-SITE [R5031] Order #: 133617184

Visit Diagnosis Changes

Added 836.0 by SYED, SAIRA (19717), Mon Aug 25, 2008 10:31 AM
Added 844.1B by SYED, SAIRA (19717), Mon Aug 25, 2008 10:31 AM

James L Rollins

Encounter #: 114873108

Description: **52 year old male**

8/12/2008 10:28 AM Orders

Provider: **Unknown Unkn**

Review of Systems:

Vascular: No LE claudication or ulcers.

Pulmonary: No cough, wheezing, sputum or hemoptysis.

GI: No abdominal pain, nausea, vomiting, diarrhea, constipation, melena or BRBPR.

GU: No frequency, dysuria, or hematuria.

General: No fevers, sweats, chills or weight loss. No bleeding issues.

Neuro: No changes in vision or balance, no weakness of arm or leg.

Musculoskeletal: No joint pain other than right knee, no swelling or stiffness.

Dermatology: No new skin rashes.

PMH:

Patient Active Problem List:

HYPERCHOLESTEROLEMIA [272.0]

HYPERTENSION

FH: Negative for early CAD

SH: No smoking, ETOH or drug abuse. Currently unemployed. Currently getting divorced. Has 3 children.

Meds:

Current outpatient prescriptions prior to encounter:

METOPROLOL SR 25 MG 24 HR TAB, take 1 tablet daily

SIMVASTATIN 80 MG TAB, take 1 tablet at bedtime

LISINOPRIL 20 MG TAB, TAKE ONE TABLET DAILY

ASPIRIN TABLET DR 81MG PO, 1 daily

MULTIVITAMIN CAPSULE PO (MULTIVITAMINS), 1 daily

No Known Allergies.

Physical Examination:

133/86 67/min reg

Mildly overweight man, otherwise normal general examination. HEENT normal. No jaundice, anemia, clubbing, cyanosis, or obvious lymphadenopathy.

Cardiac: Palpation normal. Normal S1 and S2, no added sounds or heart murmurs. JVP not elevated.

Vascular: No prominent abdominal pulsation. No carotid or abdominal bruits.

Pulmonary: Lungs clear to auscultation and percussion.

Abdomen: Not tender. No hepatosplenomegaly. No abnormal masses. Bowel sound normal.

No peripheral edema.

Significant labs/Imaging:

ECG 5/20/08 - NSR. Borderline first degree AV block. Otherwise normal.

CHOL 134 05/01/2008

HDL 37 05/01/2008

LDL 62 05/01/2008

TRIG 175 05/01/2008

Last Exercise test: 06/09/2008

Order: NUCLEAR IMAGING MIBI MULT SPECT 78465

DURATION OF EXERCISE: 9:00

PEAK HEART RATE: 110; 65%AMPHR

PEAK BLOOD PRESSURE: 200/112

PEAK RATE-PRESSURE PRODUCT: 22,000

POST EXERCISE RECOVERY

HR BP O₂

Immediate Standing: 93 198/100

1 Minute Recovery: 89 148/88

3 Minutes Recovery: 74 142/82

5 Minutes Recovery: 69 132/80

8 Minutes Recovery: 79 138/80

IMPRESSION:

Exercise capacity was normal .

This test was stopped due to right knee pain.

The patient had no chest pain.

There was a blunted heart rate (on Beta blocker) and a hypertensive blood pressure response to exercise.

Arrhythmia developed during recovery consisting of a single premature ventricular contraction.

There were no EKG changes.

The test is negative for ischemia by ECG criteria at the level of stress achieved.

CONCLUSION :

The patient's stress test results are normal and consistent with the following:

No evidence of stress-induced ischemia at a moderate cardiac workload.

Normal global LV systolic function.

Assessment/Plan:

52 year old man with no significant coronary artery disease, but probable episode of myocarditis last year. He has no angina, and exercise MIBI negative for cardiac ischemia. He has normal LV systolic function, but mild concentric LVH. He is therefore at low risk for proposed knee surgery, and needs no further cardiac evaluation prior to surgery.

In terms of CAD, he has mild angiographic disease, but have advised him regarding advantages of healthy life-style and methods for risk factor modification including diet, exercise and weight loss. I will see him in routine f/u in 4 months.

Follow-up and Disposition

Return in about 4 months (around 12/12/2008).

Routing History Recorded

Referring Provider

Eric Diamond, MD.

Level Of Service

CONSULT: L4 [99244]

Chart Reviewed By

Eric N. Diamond, MD. on Tue Aug 12, 2008 7:50 PM

Closed By

User

Date

MANDEEP DHADLY MD [19436]

Aug 12, 2008

Visit Diagnosis Changes

Added 272.0 by DHADLY MD, MANDEEP (19436), Tue Aug 12, 2008 6:54 PM